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Appendix B

State of South Dakota

S.D. SEC. OF STATE

Candidate's or Committee's Report of Receipts and Expenditures

See pages 9 & 10 of the Guideline Book for specific instructions on completing this report. ADSOCIATED CONTRACTORS Name of Candidate or Committee Building Chapter of South Dakota Complete Mailing Address 108 W. West Avenue Sieva Falls 55 5709 Name of Person Making Report Larry Zikmund Daytime Phone 607-336-9338 If you are a candidate, what office are you seeking If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. Type of Report (See pages 4 & 5 of Guideline Book) Year END For Reporting Period Ending (See pages 4 & 5 of Guideline Book) Dec. 31, 2001 The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I LARRY P. Zikmund (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. Date: 01-31-02 Candidate Agnature of Committee Treasurer or Chairperson Signature of Committee Treasurer or Chairperson Filed this Mathematical Aday of Agnature of Committee Treasurer or Chairperson Pages 1 and 1 and 2 and 2 and 3 and	Candidates and candidate committees: File in the office where your PACs, political party, ballot question and other committees: File 500	
Name of Candidate or Committee Bullding Chapter of South Dakota Complete Mailing Address 108 W. West Avenue Sien Fulls SD 5710 y Name of Person Making Report Larey P.Z.Kmund Daytime Phone Cost-354-9538 If you are a candidate, what office are you seeking If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. Type of Report (See pages 4 & 5 of Guideline Book) #20 Full For Reporting Period Ending (See pages 4 & 5 of Guideline Book) #20 Full The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I MRRY P.Z.Kmund (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. Date: 01-31-02 Candidate Agnature or Signature or Chairperson Signature of Committee Treasurer or Chairperson Signature of Committee Treasurer or Chairperson Filed this 314 day of Signature of Committee Treasurer or Chairperson Signature of Commit		=======================================
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Date: 01-3/-02 Candidate Signature or Signature of Committee Treasurer or Chairperson Filed this 3/9 day of	I LARRY P. Zikmund	(print name legibly), certify
Date: 01-3/-02 Candidate Signature or Signature of Committee Treasurer or Chairperson Revised July 2001 Filed this 3/4 day of	that I have examined this report and to	the best of my knowledge and
Signature of Committee Treasurer or Chairperson Revised July 2001 Filed this 1000	belief it is true, correct and complete	
Signature of Committee Treasurer or Chairperson Revised July 2001 Filed this 3 day of	Landidate	My Comuna or
Filed this	Signature (of Committee Treasurer or Chairperson
		Filed this

11550 clated General Contractors Building charter of South DAKOTai December 31, 2001 Name of Candidate or Committee

For the reporting period ending

Schedule A - Direct Contributions

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

Itemized Contribution	ns from Individuals	Place of Employment	Į.
Name	Residence Address	(Name of Employer)	00
Glenn Barber	1316 appellacul P. C.	CONSTRUCTION	\$ 100
LARRY P. Zi Konund	2405 F. 52Nd SIOUXFalls 217504647have.	Accouldingchapter	\$ 100 00 00 \$ 100 00 \$
John mills	1750 46 4 Th ave. Volga 5 70 7 1	mills CONSTRUCTION	\$ 100
Dale JANS	Seous Fulls 57103	JANS CONST.	\$ 100
Henry Carlson	Stoury Fulls 57103 9101 East moderon Newy Falls 57110	Henry Carlson Const	\$ 100
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Metal of Itomized Co	ontributions from Indi	viduals:	*\$ 500 °°

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	rect Contributions (continued	
nitemized Contributions from Po	olitical Parties:	*\$ <u></u>
emized Contributions from Pol	itical Parties	
Party Name	Address	
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		\$
tal of Itemized Contributions	from Political Parties:	* \$
PAC Name	Address	\$
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	ASSOCIATED General Co. Building Chapter of S.D	×
Name of Candidate or Comm	December	
For the reporting period of	ending January 31, 200 1	a a sa a
Schedule	e B - Fund-Raising Events Proceeds	
derived from each event. If a contrib	ents held to raise money for the candidate and the net butor gives more than \$100 or their contribution resu ne calendar year, those contributions must be itemized	ilts in their
Type of Event	Net Proceeds	an the state
NA		
V		
	Total:	s - 10 - 20 Te
Sche	edule C - In Kind Contributions	·
Report all non-cash contributions of gexceeds \$100, the name of the contributions	goods or services and the estimated fair market value butor, residence address and place of employment m	. If the value ust be reported.
Nature of Non-Cash Contrib	bution Estimated Value Name	of Contributor
- 1 <i>A</i>		
	Total:	\$
·	Schedule D - Other Income	=======================================
Use this schedule to report any refund	ds, interest earned or other income which is not a dir	ect contribution.
Source of Income	Amount	
	• 411 0	
Δ.		
NT		
		·
	Total:	Ś

ASSOCIATEd GENERAL CONTRACTORS Building chapter of S.D.

Name of Candidate or Committee

December

For the reporting period ending January 3/ 3

Schedule E - Expenditures

This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting common expenses. All other expenses should be listed. All contributions to candidates and committees must be listed individually.

Item	Amount	Contributions	Made	to	Candidates	and	Committees
Advertising	·						
Consulting							
Postage							
Printing							
Rent							
Salaries							
Telephone		·					
Travel							
Utilities							
Other Expens	ses:						
NO	Expense-	>					

	ASSOCIATED Building	hapter of S. P.	
Name of Candidate			
For the reporting	period ending <u>December</u>	31 200/	
	Schedule F - Debts and C	bligations	
This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.			
Owed To	Purpose	Amount	
MA			

ASSOCIATED GENERAL CONTRACTORS
Building Chapter of S.D.

Name of Candidate or Committee

For the reporting period ending December 31, 200/

Summary Page

This summary sheet will give a brief outline of all campaign finance activity during this reporting period. Please transfer all totals from the schedules previously completed.

1.	Amount on hand, if any, at beginning	g of reporting period	\$0
2.	Receipts	~ G	
	Schedule A - Direct Contributions	\$ 500 00	
	Schedule B - Fund-Raising Events	\$	
	Schedule C - In Kind Contributions	\$	
	Schedule D - Other Income	\$	
	Total of all receipts	\$ 500 00	^
3.	Total Monetary Receipts (A+B+D)		\$ 500
4.	. Candidate's Personal Contribution to Own Campaign		\$
5.	Monetary Loans to Candidate or Committee During Reporting Period		\$
6.	Monetary Loans Repaid During Report	ing Period	\$
7.	Expenditures - Schedule E		\$
8.	Unpaid Obligations - Schedule F	\$	
9.	Amount on hand at the close of this This should equal lines (1+3+4+5)-(\$ 500

Appendix C

Secretary of State

State Capitol, Ste 204 500 East Capitol Avenue Pierre, South Dakota 57501-5070 sdsos@state.sd.us



JOYCE HAZELTINE

Secretary of State

TOM LECKEY Deputy

State of South Dakota

Voluntary Statement of Organization for a Political Action or Ballot Question Committee

State law does not require new political action (PAC) or ballot question committees to register with the Secretary of State. Law does however require these committees to file campaign finance reports periodically following the commencement of political activity. This voluntary registration form will give the Secretary of State the information necessary to send your committee the proper reporting forms prior to the deadline for filing.

FULL NAME OF COMMITTEE: _	
MAILING ADDRESS:	
COMMITTEE TREASURER:	
PHONE:	
TYPE OF COMMITTEE (PAC or If you are a ballot question comm supporting or opposing.	Ballot Question):ittee, please also indicate the measure which you are
Date:	Signature of person submitting voluntary registration

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